# IAP20 Rec'd PCT/FTO 30 JUN 2006

## **Application Data Sheet**

### **Application Information**

Application number:: Unknown

Filing Date:: June 30, 2006

Application Type:: Regular

Title:: MASK SYSTEM

Attorney Docket Number:: 4398-559

Total Drawing Sheets:: 49

Small Entity?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Anthony

Middle Name:: Michael

Family Name:: GING

City of Residence:: Vancouver

Country of Residence:: British Columbia, Canada

Street of mailing address:: 2745 West 2<sup>nd</sup> Avenue

City of mailing address:: Vancouver

Country of mailing address:: British Columbia,

Canada

Postal or Zip Code of mailing address:: V6K 1K2

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: David
Middle Name:: John

Family Name:: WORBOYS

City of Residence:: Belrose

Country of Residence:: New South Wales, Australia

Street of mailing address:: c/o ResMed Limited, 1 Elizabeth MacArthur Drive

City of mailing address:: Bella Vista

Country of mailing address:: New South Wales,

Australia

Postal or Zip Code of mailing address:: 2153

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Gregory

Middle Name:: Scott

Family Name:: SMART

City of Residence:: Randwick

Country of Residence:: New South Wales, Australia

Street of mailing address:: c/o ResMed Limited, 1 Elizabeth MacArthur Drive

City of mailing address:: Bella Vista

Country of mailing address:: New South Wales,

Australia

Postal or Zip Code of mailing address:: 2153

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sri Lanka

Status:: Full Capacity

Given Name:: Muditha

Middle Name:: Pradeep

Family Name:: DANTANARAYANA

City of Residence:: Cherrybrook

Country of Residence:: New South Wales, Australia

Street of mailing address:: c/o ResMed Limited, 1 Elizabeth MacArthur Drive

City of mailing address::

Bella Vista

Country of mailing address:: New South Wales,

Australia



Postal or Zip Code of mailing address:: 2153

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: John

Middle Name:: Michael

Family Name:: SNOW

City of Residence:: Cremorne

Country of Residence:: New South Wales, Australia

Street of mailing address:: c/o ResMed Limited, 1 Elizabeth MacArthur Drive

City of mailing address:: Bella Vista

Country of mailing address:: New South Wales,

Australia

Postal or Zip Code of mailing address:: 2153

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Philip

Middle Name:: Thomas

Family Name:: STALLARD

City of Residence:: Denistone East

Country of Residence:: New South Wales, Australia

Street of mailing address:: c/o ResMed Limited, 1 Elizabeth MacArthur Drive

City of mailing address::

Bella Vista

Country of mailing address:: New South Wales,

Australia

Postal or Zip Code of mailing address:: 2153

**Correspondence Information** 

Correspondence Customer Number:: 23117



# Representative Information

Representative Customer Number::

23117

**Domestic Priority Information** 

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

This application

An Application

60/533,229

12/31/2003

claiming the benefit

60/571,488

5/17/2004

under 35 USC 119(e)

60/588,341

7/16/2004

60/619,022

10/18/2004

**Foreign Priority Information** 

Country::

**Application Number::** 

Filing Date::

**Priority Claimed::** 

DAY/MONTH/YEAR

PCT

PCT/AU2004/001760

15 December 2004

Yes

PCT

PCT/AU2004/001813

22 December 2004

Yes

**Assignee Information** 

Assignee Name::

ResMed Limited

Street of mailing address::

1 Elizabeth MacArthur Drive

City of mailing address:

Bella Vista

Country of mailing address::

New South Wales, Australia

Postal or Zip Code of mailing

2153

Address::

